Division of Public Health
DPH 7097 (Rev. 04/03)

## **APPLICATION FOR REGISTRATION OF X-RAY DEVICES**

			FOR OFFICE U	USE County			
			ONLY	Registration No			
Completion of this form is required. Failure to do so may result in a forfeiture of not less than \$10.00 or more than \$500.00. Registration does not imply approval of installation.							
Name of Business							
Duningan Addre	as Chasal City	Chaha Zin					
Business Address-Street, City, State, Zip							
Mailing Address If Different than Business Address							
Telephone No. (include extension if any)							
( ) -							
Name and Title of Person Responsible for Radiation Safety							
Application  Medical Dental Hospital Chiropractor Veterinary  Osteopath Podiatrist Industrial Other (Explain)							
List number of X-Ray units. In "Use" column show "R" for radiographic, "F" for fluoroscopic; "T" for therapeutic							
and "O" for other. If "Other, please explain. If more space is needed, please attach a separate sheet.  New 1977 - May 1978 - Year Year							
Max kVp	Max. mA	Model Name	Serial No.	Manufactur	er's Name	Installed	Use
If you are responsible for x-ray units at locations other than listed above, please list the locations.							
SIGNATURE – Person Responsible for radiation safety  Title  Date signed (mm/dd/yy)							
The registration ray tubes. Make Services and sul Protection Section web site at http://	check payable omit with this ap on at (608) 267-	Mail completed original form to:	Department of Health and Family Services Division of Public Health Radiation Protection Section, RM 1051 P.O. Box 2659 Madison, WI 53701-2659				

**Note**: Multiple x-ray devices at a single location and under the control of one person may be considered a single registration and only one registration fee is required. If, however, the devices are located at separate addresses, it will be necessary to consider each location as a separate registration and an additional fee is required for each location. **All permits expire on December 31 regardless of issue date.**